

**12 CV 03023**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKOkoronkwo Okechukwu

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

**COMPLAINT**under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No  
(check one)CITY OF NEW YORK  
Prison Health  
Mariane Molfetas D.D.S  
Brian Martin D.D.S  
Jean-Joseph Janvier M.D  
Jane San Jose M.D  
Donald Butlien D.D.S  
Bruce Parham D.D.S  
See Attach

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Okechukwu Okoronkwo  
ID # 5101000081  
Current Institution G.M.D.C  
Address 1515 Hazen Street  
East Elmhurst ny 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name See Attach Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_FILED  
U.S. DISTRICT COURT  
12 APR 16 P 5:01  
S.D. OF N.Y.

Defendant No. 2      Name \_\_\_\_\_ Shield # \_\_\_\_\_  
                                  Where Currently Employed \_\_\_\_\_  
                                  Address \_\_\_\_\_  
                                  \_\_\_\_\_

Defendant No. 3      Name \_\_\_\_\_ Shield # \_\_\_\_\_  
                                  Where Currently Employed \_\_\_\_\_  
                                  Address \_\_\_\_\_  
                                  \_\_\_\_\_

Defendant No. 4      Name \_\_\_\_\_ Shield # \_\_\_\_\_  
                                  Where Currently Employed \_\_\_\_\_  
                                  Address \_\_\_\_\_  
                                  \_\_\_\_\_

Defendant No. 5      Name \_\_\_\_\_ Shield # \_\_\_\_\_  
                                  Where Currently Employed \_\_\_\_\_  
                                  Address \_\_\_\_\_  
                                  \_\_\_\_\_

**II. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?  
O.B.C.C 1600 Hazen St EastElmhurst  
NY 11370

B. Where in the institution did the events giving rise to your claim(s) occur?  
The dental office of O.B.C.C  
 \_\_\_\_\_  
 \_\_\_\_\_

C. What date and approximate time did the events giving rise to your claim(s) occur?  
03-7-2011 about 11am.  
 \_\_\_\_\_  
 \_\_\_\_\_

D. Facts: \_\_\_\_\_

What  
happened  
to you?Who did  
what?Was  
anyone  
else  
involved?Who else  
saw what  
happened?

See Attachments

## III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. \_\_\_\_\_

Multiple Injuries all stemming from the initial dental surgery and subsequent lack of treatment

- (1) Constant pain with bleeding and oozing mouth
- (2) Serious mouth infections
- (3) Submandibular abscess and swollen of mouth
- (4) High blood pressure
- (5) Liver Failure and Abnormal Liver Functions
- (6) Irregular heart beat and abnormal heart functions
- (7) Diarrhea

## IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

O.B.C.C 1600 Hazen Street Eastelm Hurst ny 11370  
G.M.D.C 1515 Hazen Street Eastelm Hurst ny 11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Grievance Office, Social Services, Warden, Board of Corrections

1. Which claim(s) in this complaint did you grieve? Pain and bleeding  
Lack of treatment and damage to my mouth/health

2. What was the result, if any? Grievance said that they could  
not do anything. I was ignored

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Complained to Social Services  
I complained on a grievance appeal  
I wrote two second opinion request  
I wrote to the warden, Board of Correction  
my family dialed 311

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

I Complained to the Clinic Staff and doctors  
 I Complained to the Housing Captains  
 I Complained to the Housing Officers  
 I Complained to the Clinic Captain.  
 I grieved It multiple times  
 I wrote to the Board of Corrections, Health Service

See Attachment

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \_\_\_\_\_

\$12 million Dollars For Injuries, Pain  
 Physical Stress, Emotional Stress and  
 Suffering

Damages to my health during the time that  
 this Incident Occured

Damages to my Present health a

The Implications to my Future health

See Attachment

**VI. Previous lawsuits:**

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

On  
these  
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_


I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of April, 2012

Signature of Plaintiff

Inmate Number


Institution Address

  
5101000081  
1515 Hazen Street  
Hazen S  
East Elm Hurst ny 11370

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 12 day of April, 2012, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:



Okechukwu Okoronkwo

Against

City of New York

Prison Health Services Inc

Mariane MOLFetas D.D.S

Brian Martin, D.D.S

Jean-Joseph Janvier, M.D

Jane SanJose, M.D

Donald Butlien, D.D.S

Bruce Parham, D.D.S

Mohammed Yazdanie, M.D

Lynn Devivo, P.A

Susan Billingham - Hamlet, P.A

Quazi Satter, D.D.S

John Doe Clinic Captain (O.B.C.C)

John Doe House Captain, (Supper, O.B.C.C) 7am-3pm, 3pm-11pm

Jane Doe House Captain, (Supper, O.B.C.C) 7am-3pm, 3pm-11pm

John Doe House Captain, (Supper, O.B.C.C) 7am-3pm, 3pm-11pm

Jane Doe House Captain, (Supper, O.B.C.C) 7am-3pm, 3pm-11pm

John Doe Clinic Officers (O.B.C.C) 7am-3pm, 3pm-11pm

Jane Doe Clinic Officers (O.B.C.C) 7am-3pm, 3pm-11pm

John Doe Grievance Officers (OBCC)



I was Incarcerated On June 15<sup>th</sup> 2010 in O.B.C.C (1600 Hazen Street East Elmhurst NY 11370) at Rikers Island.

I was Cleared by the doctors as Physically Fit and healthy with no Medical Problems.

On Feb 11 2011 I went to Sick Call (the Clinic) with Pain on my right Side OF my mouth and Problem Chewing.

I requested dental Care and was told to Fill Out a dental request SLIP and wait to be Called.

On Feb 21 2011 I was examined by the dentist and was told I would be called on a Later date For an extraction.

On March 7 2011, I was called in For the extraction. After the extraction I was still in Pain and my tooth was Sensitive. I was given PainKiller and told to go back to my room and that it was normal.

On April 11 2011 I went to Sick Call with Pain on emergency. I was bleeding and the right Side OF my mouth was Sensitive to hot and cold things.

The Officers at the Clinic denied me From getting emergency dental Care telling me to Fill out a dental request SLIP.

On April 28, 2011 I was called to the dentist, Mariane Molfetas, D.D.S. Said there was "no time today". I was not treated.

On May 2nd, 2011 I saw the dentist and was given a dental cleaning without addressing my pain on the right side area of my mouth. I was still in pain and I was sent back without any treatment to my dorm. That night felt worse and I was unable to sleep.

On May 3rd, 4th and 6th I spoke to the Captain of Supper 7am-3pm and 3pm-11pm tour of OBCC complaining about my pain, bleeding of my gum and suffering. I complained about how I was treated by the officers. She did not help to get medical access to emergency dental care.

On May 6th I went to Sick Call again with pain, bleeding, swelling and oozing of my gums. I was only given pain killers and told to fill out a dental request slip. I was sent back to my dorm still in pain.

I complained to my dorm officers at Supper in OBCC that day on the 7am-3pm and 3pm-11pm tours. They both spoke with the Captain who did not help get medical treatment saying "I had to fill out a dental request slip. I was in constant pain and I was unable to sleep at night."

I Cried all night due to the Intense Pain.

Everyday I was in Pain and I Cried all day. I was Unable to eat because my tooth was Sensitive to Cold and hot Food. I had problem Chewing and I was LOOSing weight. This made me physically and emotionally Stressed. I Could not brush my teeth right because It was Swollen and Oozing.

On May 11<sup>th</sup> 2011 I Filled out a request for dental care because I was still in Pain, my tooth was Sensitive with bleeding and my gum was Swollen. My mouth was also Oozing.

On May 19<sup>th</sup> 2011, I was Called to the dental office and I was just given Pain Killers after I told her of my Sufferings from Pain with Sensitivity on my right Side. I told her how I was LOOSing weight because I was Unable to eat, drink and Chew. Mariane Molfetas, D.D.S, Said that "I need to have my teeth Cleaned" avoiding my Problems. She made an appointment to get my teeth Cleaned and sent me to my dorm.

I kept going to Sick Call with Pain and Swollen Oozing gum Constantly. I was told to Fill a dental request Slip.

On June 09, 2011 after numerous Complaints and dental request I was sent to the dentist.

I think this was because the Correction Officers

at the Clinic were angry with me for ~~constantly~~ asking for help. The dentist, Mariane Moutetas DDS did not want to deal with me so she incompetently diagnoses me saying I needed another tooth filled in a different area. This was cheap and easy for her which made her report that a procedure was done. I left still suffering pain and my gum was still sensitive.

On June 16, 2011 after numerous complaints I was called to the dentist with pain. The dentist did not properly examine my tooth to administer the correct treatments. The dentist again worked on a different and wrong area to show that a procedure was done.

I was told to go back to my dorm still suffering from pain, sensitivity, and oozing gum.

On June 15, 2011 I wrote a grievance about my suffering from pain and how I was ignored by the officers with the dentist thereby denying me dental care/treatment. See Exhibit A.

On June 22<sup>nd</sup> 2011, I wrote another grievance to Social Services about my suffering from pains, bleeding and swollen oozing gum. I complained about the dental officers and the dentist on how I was being treated. I was ignored and left to suffer in pain. See Exhibit B.

On July 4<sup>th</sup> 2011, I Filled a Second opinion For a dental request and Care. I asked For treatment For the Constant Pain I was Suffering and the Swollen Oozing gum. I requested treatment For my Sensitive tooth because I was Unable to eat or drink anything. I requested For a Second opinion to Properly diagnose my Conditions. I was never Called and my request was Ignored. I was Left to Suffer In Pain and Cry all night. See Exhibit C

On July 16 2011, I wrote another Second opinion request For dental Care and treatment. I requested treatment For Constant Pain, Swollen Oozing gum and Sensitivity on my right Side mouth. I Complained about Lack of adequate Care and how the Clinic Officers and dentist treated me. Wrongly. I requested For a Second Opinion to Properly diagnose my Conditions and Provide better treatment. See Exhibit D.

On 21<sup>st</sup> July 2011, after numerous Complains I was Called to the dentist who hurriedly dismissed my Conditions with out taking any Xrays. I was sent back to my dorm still In Pain thereby denying me adequate treatment.

On July 27 2011 I wrote some Letters to the Board of Corrections, Newyork Health



Department, Prison Health Services and The Warden OF O.B.C.C. I Complained about Lack OF treatment. I Complained about how the Clinic Officers and dentist were not helping me with the right treatment.

Nothing was done and I never recieved any reply From them. I was Left to Linger In Constant Pain. See Exhibit E

On July 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup> and 29<sup>th</sup> 2011, I spoke to the Captain OF Supper O.B.C.C In the am and pm tours Complaining about my Pain, bleeding of my gum and Suffering. I Complained about how I was being treated by the Officers

On numerous times In may, June, July and August my Family dailed 311 On different days Complaining OF how I was being treated by the Department OF Corrections Staff.

On July 29, 2011 I made a grievance appeal to the IGR Office Complaining OF Pain and Lack OF adequate treatment. I Complained about how the Correction Officers were handling my issues. I requested their Intervention to help me by Providing me with the right needed treatment. I was Ignored and Left to Suffer In Pain See Exhibit F

On August 08 2011, I Complained In the grievance

On how I was being treated by the Clinic Officers, my Pains and Lack of adequate treatment. I was Ignored and No actions were taken. See Exhibit G

On August 08, 2011, I wrote an appeal on a denial of a second opinion request. I Complained of Lack of adequate treatment and actions for not providing me adequate Care. See Exhibit H.

On August 09, 2011 after numerous complains I was called to the dentist by Donald ButLien D.D.S. He did not properly diagnose my condition and he hurriedly dismissed my conditions without any xrays. I tried to explain to him but he again hurriedly stopped me saying he was referring me to another dentist. I was sent back to my dorm still in pain thereby denying me adequate treatment.

On August 09 2011, I Complained again to the grievance about Lack of adequate treatment and incompetent actions of Correction Clinic Officers and the dentist. I Complained about how I was Unable to eat and Sleep because of Pains and Sensitivity to my mouth.

The grievance Officers called me to their office and told me that there was nothing their office could do for me because the dental office was a separate

entity. No action was taken to help me get adequate treatment. See Exhibit I

On Sept 28, 2011 I could not talk and my mouth was infected and extremely swollen. I went to the sick call for an emergency because I was in chronic pain crying and I had a fever.

The doctor examined me and diagnosed me with a submandibular abscess. The doctor said that my tooth and mouth were infected.

The doctor checked my blood pressure and noted that I had a high blood pressure.

The doctor started me on immediate antibiotics (500MG) and Tylenol with Codeine (300-30MG).

He also made me an appointment for immediate dental treatment.

The doctor asked why it took so long and why I was not treated. I complained to him on how the clinic officers acted. The officers at the clinic were mad because the doctor questioned their actions regarding my case and why they took so long to get me adequate dental care.

The officers said that I complained too much and sent me back to my dorm to wait for my dental appointment.



It took six months before I was properly diagnosed and recommended for the right treatment.

On Sept 29<sup>th</sup> 2011 the next day I was moved out of OBCC by the officers because of my complain. I was moved to G.M.D.C 1515 Hazen Street East Elmhurst Ny 11370.

On Sept 30<sup>th</sup> I went to Sick Call in GMDC with pains for emergency treatment because I was having a fever and my mouth was swollen and oozing.

I was reordered the medication that was given to me by the doctor from O.B.C.C. The doctor from G.M.D.C made an appointment for me.

On Oct 3<sup>rd</sup> 2011, I went to the dentist for the appointment. I was diagnosed with "R/O Carious Lesion tooth #3, Maxillary Right First Molar". The dentist prescribed a higher dosage of Antibiotics (500MG) to be taken three times a day. The dentist ordered an Xray for radiographic diagnosis. The dentist noted infections saying "R/O Irreversible or Reversible Pulpitis #3 Molar" and made an appointment for dental surgical restoration the next day in the Am.

On Oct 4<sup>th</sup> 2011 I went to the clinic for sick

Call with pain. I told the doctor that I had a dental appointment and I was never called.

The doctor examined me and noted an increase in my blood pressure. The doctor ran some test on me and said that I would be called back for the results.

On Oct 6, 2011 the doctor called for check up for increased high blood pressure. The doctor diagnosed me with hypertension. The doctor asked if I was on any previous medication and I said no. I told ~~the~~ doctor of my tooth problem and how long I had to deal with severe pain and being unable to sleep. The doctor read the test result to me confirming hypertension and prescribed me Vasotec (10mg) one tablet everyday. The doctor ordered more test to be done on me.

On Oct 10, 2011 I was called to the clinic for my blood pressure check and to give blood for labwork. My blood pressure was very high and I was still in constant pain from my tooth. Nothing was done on my tooth.

On Oct 7<sup>th</sup>, 8<sup>th</sup>, 11<sup>th</sup> I was called to the clinic twice a day for blood pressure check. My blood pressure was high.

I was still suffering from pain because the dentist never called me for the dental surgery appointment.

On Oct 13 2011, I was called to the Clinic for my blood pressure check and to receive the result of my blood work.

I was diagnosed by the doctor with an abnormal C.B.C.W.DIFF and PLATELETS, which are the blood cells.

I was diagnosed with an abnormal CHEM20. I was finally diagnosed with an abnormal Liver Function. I am still suffering from pain in my tooth and nothing has been done to effectively treat it.

On Oct 17, 2011 I was called to the Clinic for blood pressure check and I told the doctor of my tooth pain. The doctor made a dental appointment for me.

On Oct 18 2011 I was in severe pain and sensitivity on my mouth. I was called to the Clinic for an E.K.G. and to check my heart.

The result showed that I had an irregular heart beat and an abnormal heart function.

I was in constant pain and no adequate treatment was given to me for my tooth.

On Oct 21<sup>st</sup> 2011 I was called to the Clinic

For my blood Pressure check. My Pressure was high. I still suffering from Pain.

I was prescribed Hydrochlorothiazide Capsules (12.5MG) for my abnormal conditions.

On Oct 24<sup>th</sup> Quazi Satter D.D.S Canceled my dental appointment I had with him. He did not give me any reason and he never called me. He denied my medical treatment for my Pain.

On the same day Oct 24 2011 I went to the Clinic with pain and Diarrhea. I was having Loose Bowel Movements.

On Nov 2<sup>nd</sup> 2011 I was finally called to the dental office and the surgery was performed.

Now the dosages were increased for my medication for these drugs:

- (1) Vasotec (10mg) Now (20MG)
- (2) Hydrochlorothiazide (12.5mg) Now (25MG)

\* The Prison health Staff and dentist made medical decisions that were so Incompetent and Inadequate.

They made bad medical decisions by not treating me and not helping to relieve my Pain

Several times they did not properly diagnose my dental Condition correctly.

They tried to remedy the situation by providing me only painkillers, which was inadequate in easing my Pain and suffering and not Investigating to see what the real Problem was.

I was Ignored and Left in Pain For over Seven (7) months without adequate medical treatment and my Condition deteriorated even more.

My gum was infected, deteriorating and bleeding with constantly oozing smell.

I could not eat and I was LOOSING weight.

My mouth was seriously infected and my body was starting to become affected due to Lack of Sleep and Constant Pain.

I was unable to talk and also unable to show a Simple Smile which is one of Life's essentials

I Cried all day and night in my bed because I was in Pain constantly.

I was unable to sleep due to Constant Pain and I was Physically Stressed.



I was in serious pain and unable to live a normal life and to appreciate the simple things in life, like food, laughing, smiling, sleeping, talking, reading and concentrating.

This made me physically stressed and emotionally stressed which led to the following:

- (1) Serious infection of my mouth (tooth and gum) with bleeding and constantly oozing smell.
- (2) High Blood Pressure.
- (3) Failing Liver and Abnormal Liver Function.
- (4) Irregular Heart Beat and Abnormal Heart Function.
- (5) Diarrhea - Constant Loose Bowel Movement.

\* I am asking for the amount of Twelve Million Dollars (\$12 million Dollars) for injuries, pain, physical stress, emotional stress and suffering.

1 This is for damages to my health during the time that this incident occurred.

1 This is for damages to my present health for I am now forced to taking different medications daily. I am restricted to eating certain food and not the food of my choice.

I am constantly scared of having a stroke, heart attack and a failed liver thereby losing my ability to use my reproductive organ (penis).

The implications to my future health are

the Followings ÷

- ① Hearth Attack - (High Blood Pressure, Abnormal heart Function)
- ② Stroke - (High Blood Pressure, Abnormal Heart Functions)
- 3 Paralysis - (High Blood, Abnormal Heart Functions)
- 4 Blood Infection (Abnormal Liver Functions)
- 5 Uncontrolled Urine discharge (Abnormal Liver Functions)
- 6 Physical and mental disorder (High Blood Pressure, Abnormal Heart Functions).

\* High blood Pressure, Irregular heart beat with an Abnormal Heart Function and Abnormal Liver Function are not Curable.

\* They are Only Controlled by daily dosage of medication For the rest of a Persons Life.

\* For the remainder of my Life I will be dependant on medications and will never again be able to Lead a normal Life.

→ This all could have been prevented IF not for the Insufficient treatment on the part of Department of Correction (DOC) and It's medical staff.



Okoronkwo Okechukwu

ID: 5101000081

1515 Hazen Street

East Elmhurst NY 11370

# EXHIBIT A



143

THE CITY OF NEW YORK  
DEPARTMENT OF CORRECTION

06-15 201

To: Grievance tooth pain

Please grant me an interview regarding .....  
my teeth, I am in Chronic .....  
Constant pain in my mouth .....  
my teeth is bleeding and my .....  
gum is swollen this ail .....  
startes after I pull out .....  
a tooth and the procedure .....  
was not done right. I .....  
Can't sleep because I am .....

Name Okechukwu Okoronkwo .....  
510100081 .....  
Comm. No. .... CB. .... Tier Supper Cell. ....

Work Assignment .....

State briefly what you wish to discuss.

Do not use any other form. Do not use envelope

Deposit this slip in the mailbox as you do your outgoing mail

If space is not sufficient use other side.

You will not be called unless your request merits consideration

---

Inmates: Do Not Write Below This Line

---

Interview held by .....

Disposition .....

Signed .....

Title .....

In Constant Pain -

I have filled out a  
Grievance but I was never  
called. I have also  
filled out a second opinion  
request but I was never  
called either. I cannot  
eat or drink anything on  
my right side because my  
teeth and gum are sensitive.  
I have seen to the sick call  
and I was told to fill  
the dental appointment.  
Please I am having  
migraine headaches.  
I need immediate attention  
and help. I can't sleep  
This leaves me stressed and  
confused.

# EXHIBIT B

143

THE CITY OF NEW YORK  
DEPARTMENT OF CORRECTION

06-22

201

To: Social Services

Please grant me an interview regarding

my tooth and gum has  
a damaged nerve.  
This all started after I pulled  
out a tooth in the dentist.  
My gum is bleeding and my  
whole right side is sensitive.  
I can't eat or drink anything on  
that side because it hurts.

Name Okechukwu Okorankwo  
S/O-1000081  
Comm. No. CB. T. Cell. Supper UBCC

Work Assignment

State briefly what you wish to discuss.

Do not use any other form. Do not use envelope.

Deposit this slip in the mailbox as you do your outgoing mail.

If space is not sufficient use other side.

You will not be called unless your request merits consideration.

Inmates: Do Not Write Below This Line

Interview held by

Disposition

Signed

Title

I am in Pain and I  
need treatment and  
help.

EXHIBIT C

# Patient Complaint/Request for Second Opinion

To: Clinic Administrator and Chief Physician of OBCC Prisons Island,  
(Name of Jail)

From: Okechukwu Okorankwu (ID #5/01000081)  
(Name)

Subject: Patient Complaint/ Request for Second Opinion

Date: 07-04-11

Despite my attempts to get the medical attention I need, I have not received appropriate care. I am sending you this letter as a patient complaint because of the following problem(s) with my medical care:

My two back teeth are sensitive and it hurts. I have a swollen gum and extreme pain on my right side. I can't eat on that side or drink cold water because I am in pain. This all started after I took out a tooth on my right side about 2 months ago. The right side was damaged.

I believe that I need the following:

To be ~~re~~examined by a dental surgeon to check on why I am having constant pain every day in that area. To see why my teeth is sensitive maybe I have a damaged nerve. To fix the problem now before it is too late and lose all my teeth on that side.

I am afraid that if I do not get the care I have requested that I will get sicker. I am also concerned that the following things will happen:

I may have an infection in my gum and it may spread like it is spreading now. This will cause more head pains leading to a migraine headache. This pain stops me from sleeping and I don't want to have a sleep disorder. I am in constant and extreme pain every day.

Please review my complaint as soon as possible and let me know what steps you will take. Thank you for your immediate attention.

Sir I have been to the sick call and all I get is pain killers but no solution. This just takes the pain away but it comes back and I don't want to be addicted to pain killers. I have never had any problem with my teeth until now.

# EXHIBIT D



# Patient Complaint/Request for Second Opinion

To: Clinic Administrator and Chief Physician of ObCC  
(Name of Jail)

From: Okechukwu Okonkwo (ID #5101000081)  
(Name)

Subject: Patient Complaint/ Request for Second Opinion

Date: 07-16-11

Despite my attempts to get the medical attention I need, I have not received appropriate care. I am sending you this letter as a patient complaint because of the following problem(s) with my medical care:

my two back tooth are sensitive and it hurts. I have a swollen gum and extreme pain on my right side. I can't eat on that side or drink cold water because I am in pain. This all started after I took out a tooth about 2 months ago. The nerve on the right side where the tooth was pulled is damaged.

I believe that I need the following:

To be re-examined by a dental surgeon to check on why I am having constant pain everyday in that area please. To check and see why my teeth is sensitive and why my gum is swollen. To check for nerve damage and to fix the problem now before it is too late. To stop any other damage or me losing all my teeth in the future.

I am afraid that if I do not get the care I have requested that I will get sicker. I am also concerned that the following things will happen:

I may have an infection in my gum and teeth which may spread like it is spreading now causing any further damage. I have constant head pain and I don't want more head aches which may lead to migraine. This pain and head aches are chronic and severe that it stops me from sleeping. I don't want to have a sleeping disorder. I am in severe pain and after taken pain killers for so long it has become ineffective. The pain is still there. It leaves me stressed and confused.

Please review my complaint as soon as possible and let me know what steps you will take. Thank you for your immediate attention.

Please I need immediate attention. I have been to the sick jail and all I got was more pain killers with no solution. I don't want to be addicted to this pain killers.

# EXHIBIT E

Obcc - Supper

1600 Hazen St

East Elmhurst ny 11370

7-27-11

ID: 5101000081

To whom it may Concern:

Hi Sir /madam

my name is Okechukwu Okoronkwo and I am incarcerated at the above named address on Rikers Island Correctional Facility.

On March 07 year 2011 I went to the dental office to get my teeth pulled out. The Last tooth on the top right side was taken out but I was in a lot of pain. I Felt that the procedure was not done right because of the excess bleeding and I told the dentist. He said I should let it heal. I was bleeding seriously with extreme pain but I was told to go back to my room.

In the next three days, my gum was swollen and I was still bleeding. I went to see the doctor to complain in Sick Call, because I could not just see the dentist without an appointment which is the rule here. I was told to fill another appointment form to see the dentist and that there was nothing he could do for me. It took another two weeks before I could see the dentist, and everytime I was at Sick

Call to see the doctor because I was in chronic Constant Pain.

At the dentist office, I complained that I was in instant pain, and I was told to rinse my mouth & let it heal. No examination or check up was done. I was given pain killers and nothing else was done.

Sir/Madam It went from bad to worse. I have complained so many times to the dentist and doctors in the Jail, but nothing has been done. My whole right side was swollen and is sensitive everything. I cannot eat or drink anything on that side. My nerves on the right side is raging, and I am in constant pain. My teeth and gum are still bleeding. I am in extreme severe pain, and I have migraine headaches. I can't talk normally or pronounce words regularly, because of the extreme pain on the right side gum. I can't sleep at night & I can't chew anything on that side of my mouth, because of the chronic pain.

- have complained and I filled a second motion but nothing was done or has been done. I have also filled a grievance with the Jail & I was never called or answered.

All I get is only pain killers and no

examination, no tests and no real solution.

I have been denied medical attention on several occasions.

I am in severe pain and after taking painkillers for so long it has become ineffective.

This has left me deformed physically and motionally because I can only talk with one side of my mouth.

My right side is in so much pain that I can't move it on the regular.

A simple smile is difficult to do in order to express my emotions.

This leaves me stressed and confused.

I need immediate attention and help.

Thanks for your cooperation,

  
Okonkwo.

EXHIBIT F

## GRIEVANT'S STATEMENT FORM

FACILITY: OBCC

GRIEVANCE # \_\_\_\_\_

GRIEVANT'S NAME: Okechukwu Okoronkwo ID.# 510-1000081CATEGORY medical HOUSING AREA Supper DATE 07-29-11

All grievances must be submitted within 7 days of incident and should be handwritten by the grievant only. This sheet should be used as a worksheet from which the grievance is typed onto the "Inmate Grievance Form" and remains filed in the grievants folder.

Grievance

my tooth and gum is severely damaged.  
This all started after I took out a tooth.  
I am in constant pain and my gum bleeds.  
I have complained and nothing has been done.  
I can't sleep at night because of constant  
chronic headaches. my whole right side is sensitive  
I can't eat or drink anything on that side

Receipt # \_\_\_\_\_

Action Requested:

I need a resolution to my dental problem

Have you filed this grievance with any other Agency or Court? \_\_\_\_\_ Yes ☒ No


Have you filed this grievance with the Inspector General's office? ☒ Yes \_\_\_\_\_ No

\_\_\_\_\_ Grievant agrees to have his/her statement edited for clarification by IGRC Staff

\_\_\_\_\_ I am requesting that the grievance be written for me by the IGRC staff.

07-29-11

Date

  
 Grievant's Signature

Form # \_\_\_\_\_

\_\_\_\_\_  
 Witnessed By

# EXHIBIT G



## ATTACHMENT E

## INMATE GRIEVANCE FORM

Facility Obcc Grievance No. \_\_\_\_\_ Date 8-8-11 Housing Unit Supper  
 Name Okoronkwo Okechukwu Book and Case # 5101000081 NYSID # N: 01970176K.

Please describe problem as briefly as possible (Please Print or Type).

I am still in pain and my mouth is still bleeding.  
The dentist is playing games and nothing is been done to  
me. I need a solution because I can't sleep or use  
the right size of my mouth. I would also like a copy  
of the last grievance solution report

Action Requested by Inmate:

I need my teeth fixed and the pain to go away.

Advisor/Interpreter requested: \_\_\_\_\_ Yes ☒ No ☐ Who \_\_\_\_\_  
 Have you filed this grievance with any other investigative body or court? \_\_\_\_\_ Yes ☒ No ☐  
 If yes, specify: \_\_\_\_\_

Grievants' Signature \_\_\_\_\_

Grievance Aide \_\_\_\_\_

The IGRC proposes to informally resolve your grievance as follows:

Representative Signatures

This informal resolution is accepted:

Grievants' Signature \_\_\_\_\_

If unresolved, you are entitled to a hearing by the Inmate Grievance Resolution Committee.

I request a hearing of my grievance by the IGRC ☒ Yes ☐ No

Grievants' Signature \_\_\_\_\_

Form #7101R

Hearing Recommendations:

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Date returned to inmate: \_\_\_\_\_ IGRC Members:

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Return within one day of receipt and check appropriate boxes.

- A. ☐ I agree with the IGRC recommendation.
- B. ☐ I disagree with the IGRC recommendation.
- C. ☒ I wish to appeal to the Warden.

\_\_\_\_\_  
Grievant's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Grievance Aide Signature\_\_\_\_\_  
Date

To be completed by Grievance Coordinator (Check only one box):

☐ Grievance appealed to Warden\_\_\_\_\_  
Date☐ Grievance forwarded to the Warden for action upon IGRC recommendation\_\_\_\_\_  
Date☐ Grievance not forwarded to Warden (explain):

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\_\_\_\_\_  
Supervisor's Signature

# EXHIBIT H

## Appeal of Denial of Patient Complaint/Request for Second Opinion

To: Clinic Administrator at Rikers Island OBCC  
(Name of Jail)  
From: Okoronkwo Okechukwu  
~~510-1000081~~ (ID # 510-1000081)  
(Name)

Subject: Appeal of the Denial of my complaint For Dental

Date: 08-08-11

I am appealing the denial of my attached patient complaint/second opinion request for the same reason state in my original letter, which I have attached.

Describe additional reasons for appeal (if any):

I am still having constant pain in my mouth. my teeth and gum are still sensitive and I cannot eat, chew or drink any thing on that side. I still have headaches and I can't sleep my gum is still bleeding. Please I need some help.

Please reconsider my request. Thank you for your immediate attention.

Please Look into this again I am hurting and I would not complain just like that. I have never had any problem until I took out my tooth in Jail at OBCC dental office.

# EXHIBIT I

143

THE CITY OF NEW YORK  
DEPARTMENT OF CORRECTION

8-9 20 11

To: Grievance

Please grant me an interview regarding my  
tooth I am still not given  
any medical attention that  
I need. I am still in pain  
and I can't sleep and my  
mouth is still bleeding. The  
dentist are not doing anything  
This is all because I took out  
a tooth and it was done wrong.

Name: Okoronkwo Okechukwu  
510-1000081  
Comm. No. C.B. Tier Supper Cell.

Work Assignment

State briefly what you wish to discuss.

Do not use any other form. Do not use envelope.

Deposit this slip in the mailbox as you do your outgoing mail.

If space is not sufficient use other side.

You will not be called unless your request merits consideration.

Inmates: Do Not Write Below This Line

Interview held by

Disposition

I need a solution immediately  
because I am stressed out  
and in pain everyday.

I need this to be taken to  
a higher Authority and to the  
IGRC please.